

County: Oneida

Facility ID: 4670

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HORIZONS UNLIMITED FDD

902 BOYCE DRIVE, PO BOX 857

RHINELANDER 54501

Phone: (715) 365-6900

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/05): 2

Total Licensed Bed Capacity (12/31/05): 10

Number of Residents on 12/31/05: 2

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

FDDs

No

No

Yes

58

Age, Gender, and Primary Diagnosis of Residents (12/31/05)		Length of Stay (12/31/05)	
Primary Diagnosis	%	Age Groups	%

Primary Diagnosis	%	Age Groups	%	Length of Stay (12/31/05)	%
Developmental Disabilities	100.0	Under 65	100.0	Less Than 1 Year	0.0
Mental Illness (Org./Psy)	0.0	65 - 74	0.0	1 - 4 Years	0.0
Mental Illness (Other)	0.0	75 - 84	0.0	More Than 4 Years	100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	0.0		-----
Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0		100.0
Cancer	0.0		-----	Full-Time Equivalent	
Fractures	0.0		100.0	Nursing Staff per 100 Residents	
Cardiovascular	0.0	65 & Over	0.0	(12/31/05)	
Cerebrovascular	0.0		-----		-----
Diabetes	0.0	Gender	%	RNs	156.9
Respiratory	0.0		-----	LPNs	94.4
Other Medical Conditions	0.0	Male	50.0	Nursing Assistants,	
	-----	Female	50.0	Aides, & Orderlies	359.4
	100.0		-----		
			100.0		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	2	100.0	277	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		2	100.0		0	0.0		0	0.0		0	0.0		0	0.0		2	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	0.0	100.0	2
Other Nursing Homes	0.0	Dressing	0.0	0.0	100.0	2
Acute Care Hospitals	0.0	Transferring	50.0	0.0	50.0	2
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	0.0	50.0	50.0	2
Rehabilitation Hospitals	0.0	Eating	0.0	50.0	50.0	2
Other Locations	0.0	*****				
Total Number of Admissions	0	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care	50.0	
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	100.0	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	100.0	Receiving Suctioning	0.0	
Other Nursing Homes	6.8			Receiving Ostomy Care	0.0	
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding	50.0	
Psych. Hosp.-MR/DD Facilities	1.4	Physically Restrained	0.0	Receiving Mechanically Altered Diets	50.0	
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	4.1	With Pressure Sores	0.0	Have Advance Directives	0.0	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	73			Receiving Psychoactive Drugs	50.0	

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities						

	This Facility %	FDD Facilities %	Ratio	All Facilities %	Ratio	

Occupancy Rate: Average Daily Census/Licensed Beds	93.1	92.4	1.01	88.1	1.06	
Current Residents from In-County	0.0	32.0	0.00	77.6	0.00	
Admissions from In-County, Still Residing	0.0	8.6	0.00	18.1	0.00	
Admissions/Average Daily Census	0.0	22.3	0.00	162.3	0.00	
Discharges/Average Daily Census	125.9	42.4	2.97	165.1	0.76	
Discharges To Private Residence/Average Daily Census	0.0	13.1	0.00	74.8	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	92.1	0.00	
Residents Aged 65 and Older	0.0	15.0	0.00	88.4	0.00	
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	65.3	1.53	
Private Pay Funded Residents	0.0	0.6	0.00	20.2	0.00	
Developmentally Disabled Residents	100.0	99.0	1.01	5.0	20.04	
Mentally Ill Residents	0.0	0.5	0.00	32.9	0.00	
General Medical Service Residents	0.0	0.5	0.00	22.8	0.00	
Impaired ADL (Mean)*	90.0	57.3	1.57	49.2	1.83	
Psychological Problems	50.0	47.7	1.05	58.5	0.86	
Nursing Care Required (Mean)*	18.8	11.0	1.70	7.4	2.53	